

NATIONAL NOSOCOMIAL INFECTIONS SURVEILLANCE SYSTEM
SURGICAL PATIENT SURVEILLANCE
Ventricular Shunt Patient Report Form

Basic Risk Factor Data

Date of Operation: ____ / ____ / ____ Sequence Number: ____
(mm dd yy)

Procedure Code: VSHN Patient ID#: _____ Discharge date: ____ / ____ / ____
(mm dd yy)

Age: ____ years or ____ months Sex: M F Duration: ____ hours ____ mins

Wound class: C CC CO D General anesthesia: Y N

ASA class: 1 2 3 4 5 Emergency: Y N

Trauma: Y N Endoscopic approach: Y N Multiple procedures: Y N

Surgeon: _____

Optional field 1: _____ Optional field 3: _____

Optional field 2: _____ Optional field 4: _____

Supplementary Risk Factor Data

Birthweight (if <=3 months only): _____ g On antibiotics, excluding prophylaxis? Y N

Antibiotic prophylaxis? Y N

Agent: _____ Dose: _____ mg Agent: _____ Dose: _____ mg

Internalization of external ventricular drain? Y N

Type of operation (P=primary, R=revision, M=removal w/o replacement): P R M

If P, circle etiology of hydrocephalus: M C PT I T PM O U

(M = meningocele, C = congenital (not otherwise defined), PT = posttrauma,
I = intraventricular hemorrhage, T = tumor, PM = postmeningitis, O = other, U = unknown)

If R or M, circle reason: (I=infection, M=maintenance): I M

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and m(d)).

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0012).